

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
Mike Honda for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Re-Elect Councilwoman Jamie McLeod

Mailing Address 561 Camino Drive

City State Zip Code  
Santa Clara CA 95050

Purpose of Disbursement  
General-City Council-Santa Clara

Candidate Name  
Re-Elect Councilwoman Jamie McLeod

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D6216

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Rose Herrera for San Jose City Council

Mailing Address 4075 Evergreen Village Square  
Suite 160-335

City State Zip Code  
San Jose CA 95135

Purpose of Disbursement  
Contribution-Local

Candidate Name  
Rose Herrera for San Jose City Council

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D6365

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Stanford University

Mailing Address Stanford University Office of Med.  
2700 Sand Hill Road

City State Zip Code  
Menlo Park CA 94025

Purpose of Disbursement  
Contribution-Local

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D6352

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1750.00**

**TOTAL** This Period (last page this line number only) .....